

STATE OF HAWAII
STATE PROCUREMENT OFFICE
HONOLULU, HAWAII

Legal Ad Date: April 3, 1997

INVITATION FOR BIDS

NO. IFB-97-170-O

SEALED BIDS
FOR FURNISHING
LABORATORY SERVICES
TO SCREEN/ANALYZE CYTOLOGIC (PAP SMEAR) SPECIMENS
FOR THE DEPARTMENT OF HEALTH
FAMILY PLANNING SERVICES SECTION

will be received up to and opened at 2:00 p.m.

on

April 15, 1997

in the State Procurement Office, Kalanimoku Building, 1151 Punchbowl Street, Room 416, Honolulu, Hawaii. Questions relating to this bid solicitation may be directed to Sharon Koga, at telephone (808) 586-0562, facsimile (808) 586-0570.

ROBERT J. GOVERNS, CPPB
Procurement Officer

WAGE CERTIFICATE
(For Service Contracts)

Subject: IFB/RFP No.: _____

Title of IFB/RFP: _____

(To be completed by offeror)

Pursuant to Section 103-55, Hawaii Revised Statutes (HRS), I hereby certify that if awarded the contract in excess of \$5,000, the services to be performed will be performed under the following conditions:

1. The services to be rendered shall be performed by employees paid at wages or salaries not less than the wages paid to public officers and employees for similar work; and
2. All applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety will be fully complied with.

I understand that failure to comply with the above conditions during the period of the contract shall result in cancellation of the contract, unless such noncompliance is corrected within a reasonable period as determined by the procurement officer. Payment in the final settlement of the contract or the release of bonds, if applicable, or both shall not be made unless the procurement officer has determined that the noncompliance has been corrected; and

I further understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wage required by section 103-55, HRS.

Offeror _____

Signature _____

Title _____

Date _____

9/7/95

LABORATORY SERVICES
TO SCREEN/ANALYZE CYTOLOGIC (PAP SMEAR) SPECIMENS
FOR THE DEPARTMENT OF HEALTH, FAMILY PLANNING SERVICES
IFB-97-170-O

Procurement Officer
State Procurement Office
State of Hawaii
Honolulu, Hawaii 96813

Dear Sir:

The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions attached hereto, and in the General Terms and Conditions dated September 1, 1995 by reference made a part hereof and available upon request; and hereby submits the following offer to perform the work specified herein, all in accordance with the true intent and meaning thereof.

The undersigned further understands and agrees that by submitting this offer, 1) he/she is declaring his/her offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price(s) submitted was (were) independently arrived at without collusion.

Printing, Binding and/or Stationary Work preference (refer to Section 3.1 C. of the General Terms and Conditions) is claimed: Yes () No ()

Date_____

Respectfully submitted,

Telephone No.:_____

Fax No.:_____

Exact Legal Name of Offeror

Payment address, if other than
street address at right:

Authorized Signature

Title

Hawaii General Excise Tax Lic.
I.D. No.:_____

Street Address

Social Sec. or Federal I.D.
No.:_____

City, State, Zip Code

If offeror shown above is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the contract, if awarded, will be executed:

Offeror is: ___Individual ___Partnership ___Corporation ___Joint Venture

State of incorporation: Hawaii___ *Other_____

*If "other", is corporate seal available in Hawaii?___ Yes ___ No

The following bid is hereby submitted:

<u>Description</u>	<u>Estimated Quantity</u>	<u>Unit Price</u>	<u>Estimated Total Price</u>
Clinical laboratory services to screen and analyze cytologic Pap Smear specimens as specified herein	3,000 specimens	\$_____	\$_____

Bidder shall provide the following information:

INSURANCE

Commercial General Liability: _____
Underwriter

Name of Agent: _____

Telephone: _____

LABORATORY DIRECTOR

Name of Laboratory Director: _____

Laboratory Director's State of Hawaii License Number: _____

REFERENCES

	<u>Hospital</u>	<u>Address</u>	<u>Phone No.</u>	<u>Contact</u>
1.	_____			
2.	_____			

	<u>Clinical Institution</u>	<u>Address</u>	<u>Phone No.</u>	<u>Contact</u>
1.	_____			
2.	_____			

Offeror: _____

SPECIFICATIONS

SCOPE

Contractor shall provide clinical laboratory services to screen and analyze cytologic (Pap smear) specimens for a twelve-month period beginning June 1, 1997 and ending May 31, 1998. Services shall include pickup of specimens or provision for mailing of specimens and delivery of completed laboratory test results (hard copies).

LABORATORY REQUIREMENTS

Services shall be performed by a laboratory that meets all Federal and State licensure and certification requirements. The laboratory shall at all times be under the direct personnel supervision of a Board Certified Pathologist with documented training and current experience in cytopathology.

The laboratory shall be able to provide documentation that it uses only registered cytotechnologists.

The contractor shall ensure that the number of slides screened by the individual cytotechnologist shall not exceed current Federal and State guidelines.

The contractor shall ensure that all abnormal Pap smears shall be read and confirmed by the pathologist. All slides diagnosed as abnormal, slides read as negative but with previous history of abnormality shall be reviewed, approved and signed by the pathologist.

The contractor shall provide Pap smear results utilizing the Bethesda method of descriptive nomenclature. The pap smear reporting form shall not require the manual insertion of carbon paper.

The contractor shall ensure strictest confidentiality of records in accordance with the law and established ethical standards.

Normal slides of Pap smears shall be kept for 5 years. Slides of abnormal Pap smears shall be kept indefinitely.

Provision shall be made for consultation by the clinic staff with the pathologist on abnormal lab findings.

SUPPLIES

Contractor shall furnish, at no additional cost, supplies required for the obtaining of cytologic (Pap smear) specimens which will include, but not be limited to the following: appropriate requisitions, slides with frosted end for patient name, slide holders, cytology spray fixative, cytobrushes. In addition to lab supplies, contractor shall furnish at no additional cost to the State, pre-addressed mailers. Contractor shall provide mailers which will ensure safe delivery of specimen via the postal system.

PICK UP AND DELIVERY

Daily pick up and delivery services shall be provided in the morning, except on weekends and State holidays to those sites currently receiving these services. (See attached list of sites.)

For pick-up and delivery via the US Postal Service: Contractor shall furnish instruction sheets for preparation and transportation of slides. Contractor shall furnish pre-addressed mailers to the Family Planning Services Section and other designated service sites as mutually agreed within ten days after receipt of order.

TURNAROUND TIME

The turnaround time for reporting results shall be no longer than seven working days from the time of pick-up or mailing of the slides. All samples marked "STAT" and results of "High Grade Squamous Epithelial Lesions" or "Malignant" require immediate telephone of results to the clinician.

REPORTS

Hard copies of Pap smear results shall be submitted within the specified turnaround time.

The contractor shall provide epidemiological overview reports monthly. The content of the reports shall be arranged after the awarding of the contract, but shall include the total contract activity for the month at the clinic. It should also include the number and per cent of results by diagnosis using the Bethesda method of descriptive nomenclature.

RE-EXECUTION OF SERVICES

If, in the opinion of the officer-in-charge or her duly authorized representative, any original test result does not correlate with the patient's clinical condition and therefore is unacceptable, the contractor shall perform, at no additional cost to the State, repeat test(s) conforming to the requirements herein to be completed within the given turn around time.

SPECIAL PROVISIONS

SCOPE

The furnishing of Laboratory Services for the Department of Health, Family Planning Services Section, shall be subject to these Special Provisions, the attached Specifications, and the General Terms and Conditions, dated September 1, 1995 and included by reference. Copies of the General Conditions are available at the State Procurement Office, Room 416, 1151 Punchbowl Street, Honolulu, Hawaii.

OFFICER-IN-CHARGE

For contract purposes, Sarah Kuzmanoff is designated the officer-in-charge. All notices, requests or other official communication shall be handled by her or her duly authorized representative. She may be contacted at telephone 733-9030.

TERM OF CONTRACT

Contractor shall enter into a contract for furnishing laboratory services for a period of twelve (12) months commencing on June 1, 1997 and ending May 31, 1998. Unless terminated, the contract shall be extended for an additional twelve-month period, without rebidding, upon mutual agreement in writing, at least sixty (60) days prior to expiration provided that the contract price for the extended period shall remain the same or lower than the initial bid price. The State or the contractor may terminate the extended contract at any time upon sixty (60) days prior written notice.

STATE'S COMMITMENT

In return for prices submitted, the Family Planning Services Section will, whenever the need for the services specified herein arises, purchase such services from the successful low bidder.

BIDDER QUALIFICATION

At the time of bidding and throughout the contract period, the contractor performing the services herein shall have licensed medical technologists on staff and shall be certified and licensed by the College of American Pathologists (CAP) or Center for Disease Control (CDC).

Further, the laboratory director who provides the laboratory with direct personal supervision shall be licensed by the State at the time of bidding and shall maintain his State of Hawaii license throughout the contract period.

BID PREPARATION

Offer From, Page OF-1. Offeror is requested to submit its offer using offeror's exact legal name as registered with the Department of Commerce and Consumer Affairs, if applicable; and to indicate exact legal name in the appropriate space on OFFER FORM, page OF-1. Failure to do so may delay proper execution of the contract.

BID PREPARATION (continued)

Offeror's authorized signature shall be an original signature in ink. If OFFER FORM, page OF-1, is unsigned or the affixed signature is a facsimile or a photocopy, the offer shall be automatically rejected unless accompanied by other material, containing an original signature, indicating the offeror's intent to be bound.

Bid Quotation. Bid price shall include all supplies as required, pickup and delivery charges, all applicable taxes, and all other applicable and necessary costs to perform services specified herein.

Bid price shall be expressed as a unit price per clinical laboratory service to screen and analyze cytologic Pap smear specimen, to include all associated costs.

Tax Liability. Work to be performed under this bid solicitation is a business activity taxable under Chapter 237, Hawaii Revised Statutes (HRS) and Chapter 238, HRS, where applicable. Both out-of-state vendors and Hawaii vendors are advised that the gross receipts derived from this bid solicitation are subject to the general excise tax imposed by Chapter 237, HRS, at the current rate of 4%, and where applicable to tangible property imported into the State of Hawaii for resale, subject to the 1/2% use tax imposed by Chapter 238, HRS.

The "State of Hawaii Information on Hawaii State Taxes Administered by the Department of Taxation", Publication 1 (November 1993) is included herein by reference and available in the State Procurement Office, Room 416, 1151 Punchbowl Street, Honolulu, Hawaii, upon request.

The tax equalization provision of Section 103-53.5, Hawaii Revised Statutes, will not apply to the evaluation of this bid. Refer to Section 3.1 of the General Terms and Conditions.

Hawaii General Excise Tax License. In accordance with Section 3.1A of the General Terms and Conditions, bidder shall submit his current Hawaii General Excise Tax I.D. number in the space provided on Offer Form Page OF-1.

Tax Clearance. An **original or certified copy** of a tax clearance issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) must be submitted with your sealed offer by the due date and time. The tax clearance shall be obtained on the attached two-part **Tax Clearance Application (Form A-6)** that combines DOTAX and IRS tax clearances.

The application may be mailed in or walked in to either the DOTAX or the IRS. The addresses for DOTAX and IRS district offices are listed on Form A-6. There is limited walk-in service at IRS Maui and Hawaii offices, and none on Kauai.

The DOTAX and IRS encourage the use of their mail-in service, in lieu of walk-in service. We recommend that you mail it to DOTAX where it will be processed and forwarded to the IRS. The process should be completed within twenty-one (21) calendar days. Use of the walk-in service may result in waiting in line at both agencies.

TAX CLEARANCE (continued)

For your information, the tax clearance is valid for forty-five (45) days. If the DOTAX approves a tax clearance certificate on one date and the IRS approves it on another date, the 45-day period will begin with the later date. For example:

DOTAX approval stamp date: 7/1/96
IRS approval stamp date: 7/5/96
Tax clearance valid: 7/5/96 to 8/18/96

The tax clearance submitted with your sealed offer must be valid on the solicitation legal ad date or any date thereafter up to the offer due date. A valid tax clearance received with your offer will remain valid for the contract award.

Since this is a new process, however, and a mail-in application is encouraged, we will accept for the purpose of this solicitation a completed SPO Form TEMP B, "Certification for Tax Clearance" in place of the DOTAX Form A-6, if you are unable to obtain a tax clearance by mail in time to include it with your sealed offer. See attached pink NOTICE for the SPO Form TEMP B.

NOTE: The above tax clearance requirement is in addition to the existing requirement for final payment. Refer to the special provisions on INVOICING below for information on the tax clearance requirement for final payment.

Offer Guaranty. A BID SECURITY DEPOSIT IS NOT REQUIRED FOR THIS BID.

Insurance. Bidder shall provide insurance information as requested on Offer Form Page OF-2.

Laboratory Director. Bidder shall provide the name and State of Hawaii License Number of the laboratory director on Offer Form Page OF-2.

References. The bidder shall list on Offer Form Page OF-2, the name, address, point of contact, and phone number for a minimum of two established hospitals and two established clinical institutions in the State of Hawaii to whom laboratory services similar to those requested herein are currently being providing.

The State reserves the right to contact those listed to inquire about the services being provided to them by the bidder.

Estimated Requirements. Quantity indicated in the proposal is estimated based on the previous calendar year's requirements and is offered for bid evaluation purposes only. In the event the estimated requirement does not materialize in the exact quantity listed on the proposal, such failure shall not constitute grounds for equitable adjustment under this contract.

STATUTORY REQUIREMENTS OF SECTION 103-55, HRS

Refer to Section 2.8 of the General Terms and Conditions, Offeror shall complete and submit the attached wage certification by which offeror certifies that the services required will be performed pursuant to Section 103-55, HRS.

Offerors are advised that Section 103-55, HRS, provides that the services to be performed shall be performed by employees paid at wages not less than wages paid to public officers and employees for similar work. Accordingly, offeror should consider the wage rates when preparing his/her quote.

Offerors are further advised that in the event of an increase in wage rates to public employees performing similar work during the contract period, Contractor will be obliged to provide wages no less than those increased wages.

Contractor shall be further obliged to notify its employees performing work under this contract of the provisions of Section 103-55, HRS, and of the current wage rate for public employees performing similar work. Contractor may meet this obligation by posting a notice to this effect in the Contractor's place of business accessible to all employees, or Contractor may include such notice with each paycheck or pay envelope furnished to the employee.

METHOD OF AWARD

Award, if made, shall be to the responsible, responsive bidder submitting the lowest ESTIMATED TOTAL PRICE for providing the services specified herein.

Prior to awarding the contract, the State will require certification of the following insurance coverages, if applicable:

Worker's Compensation
Temporary Disability
Unemployment Insurance
Prepaid Health Care

CONTRACT EXECUTION

The State shall forward a formal contract to the successful offeror for execution. The contract shall be signed by the successful offeror and returned within ten (10) days after receipt by the offeror as specified in Section 3.3 of the General Terms and Conditions.

NO PERFORMANCE AND PAYMENT BONDS ARE REQUIRED.

If the option to extend for the additional twelve-month period is mutually agreed upon, Contractor shall be required to execute a supplement to the contract for the additional period. The State or the Contractor may terminate the extension at any time upon sixty (60) days prior written notice.

ACCEPTANCE OF OFFER

Acceptance of offer, if any, will be made within sixty calendar days after the opening of offers, and the prices quoted by the offeror shall remain firm for the sixty day period as provided in Section 3.2 of the General Terms and Conditions.

INVOICE AND PAYMENT

The Contractor shall submit original and three (3) copies of the invoice:

- a. for those smears from the Rural Oahu Family Planning Project to:

Rural Oahu Family Planning Project
94-275 Mokuola Street
Waipahu, HI 96797

- b. for those from all other sites to:

Family Planning Services Section
761-A Sunset Avenue
Honolulu, HI 96816

Each invoice shall reference the contract number.

Section 103-10, Hawaii Revised Statutes, provides that the State shall have thirty (30) calendar days after receipt of invoice or satisfactory delivery of goods, or performance of the services, to make payment. The State will reject any bid submitted with a condition requiring payment within a shorter period.

The State will not recognize any requirement established by the Contractor and communicated to the State after award of the contract, which requires payment within a shorter period or interest payment not in conformance with Statute.

The tax clearance submitted with your invoice for final payment now requires both DOTAX and IRS approvals. The clearance submitted earlier is not acceptable for final payment purposes. You must obtain a new tax clearance from DOTAX and IRS and it must be an original (certified copy is not acceptable), not over 45 days old, with box 3.a. of the **Tax Clearance Application (Form A-6)** completed for a specific contract, purchase order, or job number.

LIABILITY INSURANCE

Contractor shall maintain insurance acceptable to the State in full force and effect throughout the term of this contract. The policy or policies of insurance maintained by the Contractor shall provide the limits and coverages specified in the Special Provisions of this bid solicitation.

Each insurance policy required by this contract shall contain the following clauses:

1. "This insurance shall not be canceled, limited in scope of coverage or non-renewed until after 30 days written notice has been given to the State of Hawaii, Department of Accounting and General Services, State Procurement Office, P. O. Box 119, Honolulu, Hawaii 96810-0119."
2. "The State of Hawaii is added as an additional insured as respects to operations performed for the State of Hawaii."
3. "It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy."

LIABILITY INSURANCE (continued)

Each insurance policy shall be written by insurance companies licensed to do business in the State or meet Section 431:8-301, Hawaii Revised Statutes, if utilizing an insurance company not licensed by the State of Hawaii.

The Contractor agrees to deposit with the State of Hawaii, on or before the effective date of this contract, certificate(s) of insurance necessary to satisfy the State that the insurance provisions of this contract have been complied with and to keep such insurance in effect and the certificate(s) therefor on deposit with the State during the entire term of this contract. Upon request by the State, Contractor shall furnish a copy of the policy or policies.

Failure of the Contractor to provide and keep in force such insurance shall be regarded as material default under this contract, entitling the State to exercise any or all of the remedies provided in this contract for a default of the Contractor.

The procuring of such required policy or policies of insurance shall not be construed to limit Contractor's liability hereunder nor to fulfill the indemnification provisions and requirements of this contract. Notwithstanding said policy or policies of insurance, Contractor shall be obliged for the full and total amount of any damage, injury, or loss caused by negligence or neglect connected with this contract.

LIQUIDATED DAMAGES

Refer to Section 6.12 of the General Terms and Conditions. Liquidated damages is fixed at the sum of TEN DOLLARS (\$10.00) per scheduled calendar day for each and every violation by the Contractor in failing to perform in whole or in part any of its obligations hereunder. Liquidated damages may be deducted from any payments due or to become due to the Contractor.

ADDITIONS AND EXCEPTIONS TO THE GENERAL TERMS AND CONDITIONS

Approvals. Any agreement arising out of this offer is subject to the approval of the Department of Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order, or other directive.

Cancellation of Solicitations and Rejection of Offers. The solicitation may be canceled or the offers may be rejected, in whole or in part, when in the best interest of the purchasing agency, as provided in Section 3-122-95 through 3-122-97, Hawaii Administrative Rules.

General Terms and Conditions Not Applicable. Sections 2.11 and 2.14 of the General Terms and Conditions which apply specifically to the Request for Proposals method of source selection are not applicable to Invitation for Bids. Also Sections 2.10 and 2.13 which apply specifically to the Invitation for Bids method of source selection are not applicable to Request for Proposals.

Records Retention. The Contractor and any subcontractors shall maintain the books and records that relate to the Agreement and any cost or pricing data for three (3) years from the date of final payment under the Agreement.

Those with * do not have pickup services from Clinical Laboratories

PMD Providers	Address	Contacts
O A H U:		
Bernard Giorgio, M.D. 487-1611	98-1238 Kaahumanu Street, #200 Pearl City, HI 96782	Marilyn, Receptionist
Haleiwa Family Health Center 637-5087 637-4765 (fax) 637-6693 (fax) Head Nurse	66-125 Kamehameha Highway Haleiwa, HI 96712-1420	Rodman Miller/Randall Suzaka/Mary Glover, M.D.'s Jan, FP Coordinator; Kelly, RN (Head Nurse)
* Laie Country Doctor 293-8558 293-2573 (fax)	55-510 Kamehameha Highway Laie, HI 96762	Marc Shlachter, M.D. Mitzie Rivers, FP Contact
William McKenzie, M.D. 623-2212 625-2917 (fax)	95-119 Kamehameha Hwy., #A Mililani, HI 96789 West Oahu Ob/Gyn 91-2139 F.Weaver Rd., Suite 309 Ewa Beach, HI 96706	Maxine Burnett, Clinic Manager Pat Raley, FP Coordinator Robin Kvenild/Tony Rompfon-Friesen/Elizabeth Ramsey-CNMs Norabelle, Fiscal Cora Dionne, FP Coordinator
* North Shore Health Center (PC) 293-9231 293-1511 (fax)	56-119 Pualalea Street Kahuku, HI 96731	Harry Ashe, M.D. Connie Jongewaard, FNP
* Ohana Physicians Group 293-9216 293-1171 (fax)	P.O. Box 185 Kahuku, HI 96731 Street Address: 56-565 Kam. Hwy.	James Lew, M.D. Joyce Garcia, Medical Assistant
The Physician's Center at Mililani (Wahiawa General Hospital) 627-3200 623-7872 (fax)	95-390 Kuahelani Avenue Mililani, HI 96789	Neal Palafox, M.D., Administrator Kay Bauman /David Brown / Allan Chun/ Seiji Yamada, M.D.s Gail Kanashige, Clinic Manager John Watt, FNP
H A W A I I:		
'A' ali'i Ku Makani Clinic 928-1133 928-0018 (fax)	P. O. Box 1100 Pahala, HI 96777	Margaret Johnston Kitazawa/Faron Bauer, M.D.s Elizabeth Elarionoff, RN Sally Louis, Receptionist

Those with * do not have pickup services from Clinical Laboratories.

H A W A I I: (Con't)		
Alice Adee, M.D. 969-6664 935-0540 (fax)	50 Ululani Street Hilo, HI 96720	Tracy Grove, Medical Asst. Robin Stillman, Front Desk Robert Lee, Business Manager
Kohala Family Health Center 889-6236 889-0107 (fax)	P.O. Box 250 Kapaau, HI 96755	Ana Garcia, M.D./Sylvia Sonnenschein, D.O. Rick Rimer, M.D. (substitute) Val Carpio, NA - FP Contact Jane Sherwood, NP Marilynn, Office Manager
<i>Russell Rees, M.D.</i> 329-0907 329-5182 (fax)	75-5751 Kuakini Hwy. , Suite 101A Kailua-Kona, HI 96740	Russell Rees, M.D. Deborah, Clinic Manager
University of Hawaii - Hilo Campus Center 212 974-7636 974-7691 (fax) 935-8030 (Dr. Hopman) 935-8188 (Dr. Hopman fax)	Student Health Service/Women's Health Clinic 200 West Kawaiili Street Hilo, HI 96720 Hilo Family Practice Center 1292 Waianuenue Ave., Suite 111 Hilo, HI 96720	Carolyn Lesnett, MSN, RNC Laurie Hopman, M.D. (located at Hilo Family Practice Center)
Robert Watkins, M.D. 889-6223 (ph. & fax)	P.O. Box 63 Hawi, HI 96719	Darneen Pang / Juanita, Recept.
M A U I:		
Hana Medical Center (PC) 248-8294 248-8917 (fax)	P.O. Box 99 Hana, HI 96713-0099	Rosemary Howell, Dir. of Nursing Kathy Amenta, RN Adele Starr, NP, FP Contact
Maui Medical Group 661-0051 661-5975 (fax)	130 Prison Street Lahaina, HI 96761	Darcel Gilbert, M.D. Janice, RN
Upcountry Medical Center 572-9888 572-5161 (fax)	81-25 Makawao Avenue Pukalani, HI 96768	Richard Perrie / Kathleen Welch / Donelle Williams, M.D.s Cheri Larsen, RN Jamie Ferge, Billing/Reception
Gayland Yee, M.D. 874-8100 874-6887 (fax)	Kihei-Wailea Medical Center 41- East Lipoa Street Kihei, HI 96753	Lynn Hein, FP Contact Judy, Office Manager
K A U A I:		
* Kauai Family Medicine 335-5121 335-5355 (fax)	Hanapepe Clinic P.O. Box 526 Hanapepe, HI 96716	Harold Spear III, M.D. Mona, Receptionist Terry, Billing

Those with * do not have pickup services from Clinical Laboratories.

<p>* Kauai Medical Clinic</p> <p>245-1500 (Admin.) 246-1625 (fax)</p> <p>245-1511 (OB/GYN) 246-1364 (fax)</p> <p>245-1538</p> <p>246-6900 246-6081 (fax)</p> <p>338-1645 338-1141 (fax)</p> <p>822-3431 822-2798 (fax)</p> <p>828-1418 828-1666 (fax)</p> <p>742-1621 742-1592 (fax)</p>	<p>3-3420-B Kuhio Highway Lihue, HI 96766-1098</p> <p>Clinic #2 - Kukui Grove: 43-66 Kukui Grove St., Suite 201 Lihue, HI 96766</p> <p>Waimea Clinic: Kawaiola Medical Building 4643A Waimea Canyon Road Waimea, HI 96796</p> <p>Kapaa Clinic: 4-1105 Kuhio Highway Kapaa, HI 96746</p> <p>Kilauea Clinic: 2490 Oka Street Kilauea, HI 96754</p> <p>Koloa Clinic: 5371 Koloa Road Koloa, HI 96756</p>	<p>Lee Evslin, M.D., President</p> <p>ADMINISTRATION: Linda Southerland, Nsg. Director</p> <p>OB/GYN: Terri Rosenbaum / David McDonald / Teresa Birchard, M.D.s</p> <p>Donna Farley / Annie Clark / Claudia Brown/ Mary Kroeger, CNM Amber Zietz, RN</p> <p>FAMILY PRACTICE: Ellen Elmore,/Eric Yee, M.D.s Rhonda Pabo, NP</p> <p>Patrick Aiu, M.D., OB/GYN Martha Espiritu, LPN Lisa, Receptionist</p> <p>Charlene Ueno, Clinic Supervisor Patrick Aiu, M.D. (Wed.), Binney Williamson & Yonemichi Miyashiro, M.D.s Connie Pigao, RN (Dr. Williamson) Georgia Silva, LPN (Dr. Miyashiro) Diane Rodrigues, Unit Clerk Rene Muraoka, LPN</p> <p>FAMILY PRACTICE: Ronald Burkhart/Richard Goodale, M.D.'s Rose/Thelma, LPN's Sandy/Grace, Billing/Reception</p> <p>FAMILY PRACTICE: Jeffrey Goodman/Donna Cheng, M.D.'s Ellen/Nancy/Barbara, RN's Rhonda, LPN Margaret/Faye, Reception Jocelyn</p> <p>FAMILY PRACTICE: Michael Murray, M.D. Barbara Shiba, RN</p>
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Those with * do not have pickup services from Clinical Laboratories.

L A N A I:		
* Lanai Family Health Center (PC) 565-6424 & 6423 565-7480 (fax)	Straub P.O. Box 725 Lanai City, HI 96763	Thomas Fahrbach, M.D. Jim Walsh, Administrator Rose Marie Caberto, P.A. Shirley Samonte, Clinic Manager Rose, FP Coordinator Jean, Receptionists Elvie, Billing